


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90369 036 ****61.25

DOCUMENT # 726122 1. Entity Name MEADOWBROOK I-J-K-L CORPORATION, INC.					
Principal Place of Business 320 NE 12TH AVENUE 208 HALLANDALE, FL 33009 US			Mailing Address 320 NE 12TH AVENUE 208 HALLANDALE, FL 33009 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1446098	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARELLA, JOSEPH 320 N.E. 12TH AVENUE #208 HALLANDALE, FL 33009			Name DARIO RACINE Street Address (P.O. Box Number is Not Acceptable) 301 NE 14 AV. # 302 City HALLANDALE FL Zip Code 33009		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORNELL, MILTON 301 NE 14TH AVE #103 HALLANDALE BEACH, FL 33009 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELIZABETH HORWATH 319 SE 14 AV. # 308 HALLANDALE 33009 (TREASURER) <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JURT, PETER 300 NE 12TH AVE #701 HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARELLA, JOSEPH 320 NE 12TH AVE A-208 HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Delete VICE PRESIDENT		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DARSFIELD, STEPHEN 319 NE 14TH AVENUE, #601 HALLANDALE, FL 33009 <input type="checkbox"/> Delete (SECRETARY)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARANZULLO, THERESA 300 NE 12TH AVENUE, #108 HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RACINE, DARIO 301 N.E. 14TH AVE #302 HALLANDALE, FL 33009 <input type="checkbox"/> Delete PRESIDENT		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/17/006 <small>Date Daytime Phone #</small>		

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

60030138

DOCUMENT # 726122

1. Entity Name
MEADOWBROOK L.L.K.L CORPORATION, INC.



Principal Place of Business

320 NE 12TH AVENUE
208
HALLANDALE, FL 33009 US

Mailing Address

320 NE 12TH AVENUE
208
HALLANDALE, FL 33009 US

DO NOT WRITE IN THIS SPACE

01132006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1446098

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARELLA, JOSEPH
320 N.E. 12TH AVENUE #208
HALLANDALE, FL 33009

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IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VD
NAME CORNELL, MILTON
STREET ADDRESS 301 NE 14TH AVE #103
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE D
NAME JURT, PETER
STREET ADDRESS 300 NE 12TH AVE #701
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE TD
NAME CARELLA, JOSEPH
STREET ADDRESS 320 NE 12TH AVE A-208
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE SD
NAME DARSFIELD, STEPHEN
STREET ADDRESS 319 NE 14TH AVENUE, #601
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE D
NAME ARANZULLO, THERESA
STREET ADDRESS 300 NE 12TH AVENUE, #108
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE PD
NAME RACINE, DARIO
STREET ADDRESS 301 N.E. 14TH AVE #302
CITY-ST-ZIP HALLANDALE, FL 33009

DO NOT WRITE
IN THIS SPACE

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #